

Application No. 09/821,774
Amendment Dated: July 11, 2006
Reply to Office Action of: May 18, 2006

REMARKS

Applicants respectfully request further examination and reconsideration in view of the above amendments and the arguments set forth fully below. In the Office Action mailed May 18, 2006, Claims 1-22 have been rejected. In response, the Applicants have submitted the following remarks and amended claims 1 & 16. Accordingly, Claims 1-3, 5-19, and 21-22 are still pending. Favorable reconsideration is respectfully requested in view of the amended claims and the remarks below.

Examiner Interview Summary

Applicants gratefully acknowledge the Examiner's time and attention during the telephone interview conducted in July 6, 2006, between Examiner Clement Graham and the undersigned. During the interview, the Examiner and the undersigned discussed the independent claim 1 in light of the cited prior art references Garcia and Conway. The Examiner acknowledged that there are aspects of the invention that are patentable over the prior art. The amendments made above are made pursuant to the Examiner's comments and suggestions.

Rejections Under 35 USC §103

Claims 1-22 have been rejected under 35 USC §103(a) as being unpatentable over U.S. Patent No. 5,065,315 to Garcia (hereinafter Garcia), in view of U.S. Patent No. 5,732,401 to Conway (hereinafter Conway). The applicants respectfully disagree with this rejection.

Within the Office Action, it is stated that Garcia fails to explicitly teach building a model based upon the collected data and hourly cost, and using the model to simulate the flow of patients through the hospital.

As was discussed above in the above referenced interview, while the Office Action states that the combination of Garcia and Conway includes using the model to simulate the flow of patients through the hospital, the Office Action does not specifically point out

where using the model to simulate the flow of patients through the hospital is taught in Conway. In fact, the Applicants respectfully submit that Conway in no way teaches simulating the flow of patients, nor does it teach any sort of simulation whatsoever. Of course, the Applicants further submit that Garcia does not teach such simulations as well.

Conway teaches a system for tracking costs of medical procedures by monitoring the movements of personnel, supplies and equipment and processing data on these movements to produce detailed and accurate cost accounting records associated with particular services rendered (Conway, abstract).

As described in the present invention, building a model based upon the collected data and hourly cost includes the model being preferably generated by a specialist, that could alternatively be generated automatically using a model generation program. The building step preferably includes a multi-level model of the key hospital care units, and then describing each unit in terms of numbers of monitored beds or other resources in an average length of stay. Beginning at the admission source point, one would assign the percentage of patients that go to each unit, and each care unit, in turn, is further described by the percentage of patients going to other care units, wherein the end point is discharge. The simulation will be started at the admission start point by describing the number of patients to be admitted per unit time and the length of time to run the model. The model will then generate patient flow according to each unit in a path in that units assigned characteristics (present invention, page 5, line 13 through page 6, line 13). Nowhere in Conway is it taught to run a simulation based on a model utilizing an average of the collected data. Following, Conway then cannot teach using the model to simulate the flow of patients through the hospital. In short, Conway merely teaches a system for tracking actual costs and medical procedures in a medical facility.

The amended Claim 1 is directed toward a method of assessing patient flow through care units of a hospital using a computer having a microprocessor comprising collecting a set of hospital statistical data, assigning an hourly cost to each care unit for each patient, building a model based upon the collected data and hourly cost, simulating

the flow of patients through the hospital using the model, wherein the simulating step utilizes the collected data and using the model and the results of the simulating step to recommend hospital resource changes. As described above, neither Garcia, Conway nor their combination teach simulating the flow of patients through the hospital using the model, wherein the simulating step utilizes an average of the collected data, and using the model and the results of the simulating step to recommend hospital resource changes. For at least these reasons, the independent Claim 1 is allowable over the teachings of Garcia, Conway and their combination.

Claims 2-3 and 5-15 are dependent upon the independent Claim 1. As discussed above, the independent Claim 1 is allowable over the teachings of Garcia, Conway and their combination. Accordingly, Claims 2-3 and 5-15 are also allowable as being dependant upon an allowable base claim. Claim 4 has been cancelled.

The amended Claim 16 is directed to a computer system for modeling patient flow through care units of a hospital comprising a collection configured to accept a set of hospital statistical data, an assignment module configured to assign an hourly cost to each unit for each patient, a model module configured to build a model of the flow of patients through the hospital, a simulation module configured to simulate the flow of patients through the hospital, wherein the simulation module utilizes the set of hospital statistical data and a resource module configured to determine a resource utilization of the hospital by utilizing the model and the output of the simulation module. As described above, neither Garcia, Conway nor their combination teach a simulation module wherein the simulation module utilizes an average of the data, and a resource module configured to determine a resource utilization of the hospital by utilizing the model and the output of the simulation module. For at least these reasons, the independent Claim 16 is allowable over the teachings of Garcia, Conway and their combination.

Claims 17 -19 and 21-22 depend upon the independent Claim 16. As described above, the independent Claim 16 is allowable over the teachings of Garcia, Conway and

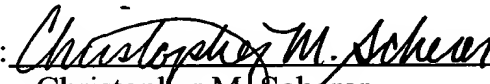
Application No. 09/821,774
Amendment Dated: July 11, 2006
Reply to Office Action of: May 18, 2006

their combination. Accordingly, Claims 17-19 and 21-22 are also allowable as being dependent upon an allowable base claim. Claim 20 has been cancelled.

For these reasons, applicants respectfully submit that all the claims are now in a condition for allowance, and allowance at an early date would be appreciated. Should the examiner have any questions or comments, they are encouraged to call the undersigned at 414-271-7590 to discuss the same so that any outstanding issues can be expeditiously resolved.

Respectfully submitted,

ANDRUS, SCEALES, STARKE & SAWALL, LLP

By: 
Christopher M. Scherer
Reg. No. 50,655

Andrus, Scales, Starke & Sawall, LLP
100 East Wisconsin Avenue, St. 1100
Milwaukee, WI 53202
Phone: (414) 271-7590
Facsimile: (414) 271-5770